



# LASERS

LOUISIANA STATE EMPLOYEES'  
RETIREMENT SYSTEM

# BEAM

Quarterly Membership Newsletter

Fall/Winter, 2005

Volume 16, Number 3

## NEW MEMBERS SEATED ON LASERS BOARD OF TRUSTEES

The winners of the 2005 LASERS Board of Trustees election took their oaths of office during a full meeting of the board on January 27, 2006.

**Lorry S. Trotter** joins the board as an active-member trustee. Ms. Trotter is employed as Executive Assistant to the Chancellor of the Paul M. Hebert Law Center at LSU. This will be her second term on the LASERS Board of Trustees. She served on the board previously from 1990 through 1994.

Incumbents Virginia Burton, Cynthia Bridges and Louis Quinn won reelection to the Board of Trustees.

**Virginia Burton**, the 2005 LASERS Board Chair, has been a trustee since 1994. She served previously as chair of the board's Audit, Investment and Legislative committees. Ms. Burton represents active-employee members of LASERS. She is employed as Director of Office Audit with the Louisiana Dept. of Revenue.

**Cynthia Bridges** is an active-member trustee who is employed as Secretary of the Louisiana Dept. of Revenue. Ms. Bridges has been on the LASERS board since 1994, serving as board chair in 1998. She served previously as chair of the Audit, Investment and Management committees. Ms. Bridges was the 2005 Vice Chair of the Board of Trustees.

**Louis S. Quinn** is a retired member of LASERS who has been



Standing, left to right: Kathy Singleton; Judge Trudy M. White; Louis Quinn; Lorry Trotter  
Seated, left to right: Sheryl Ranatza; Cynthia Bridges; Virginia Burton; Connie Carlton;  
Barbara McCann

on the Board of Trustees since 1994. During his 35 years of state service, Mr. Quinn held a number of positions including Secretary/Counsel (a position equivalent to Chief of Staff) for Governor John McKeithen and Secretary of the Louisiana Public Service Commission. He has served three times as chair of the LASERS Board of Trustees.

The trustees elected **Connie Carlton** as 2006 Board Chair. Ms. Carlton is a retiree-representative on the Board of Trustees. **Kathy Singleton** was elected 2006 Vice Chair.

There are twelve members of the LASERS Board of Trustees. Nine trustees are elected by the LASERS membership. Three hold ex-officio positions on the board. Six of the elected trustees are chosen from the ranks of active LASERS members. Three trustees are retired members. The three ex-officio seats are held by the state treasurer, the chair of the Louisiana House of Representatives Committee on Retirement and the chair of the Louisiana Senate Committee on Retirement.

The next LASERS Board of Trustees election is in 2007.

## LAGNIAPPE BY ROBERT L. BORDEN LASERS EXECUTIVE DIRECTOR

**T**he year 2005 was one of triumphs and challenges for your retirement system. Despite some very difficult circumstances, LASERS had a successful year.

LASERS continued to exceed all performance expectations in 2005. The year brought phenomenal growth to the LASERS investment portfolio. For Fiscal Year 2004-2005, the LASERS trust fund earned a return of 10.18 percent on its investments. This exceeds the legislatively mandated minimum return of 8.25 percent and

places LASERS in the top half of plans with more than \$1 billion in assets. The value of the LASERS portfolio stands now at more than \$7 billion.

We made major strides in revamping and revitalizing the LASERS computerized pension administration system. When fully implemented, the new system will allow members to manage all of their LASERS account information online.

2005 was not without challenges. The greatest among these were Hurricanes Katrina and Rita which forced tens of thousands of LA-

### ***LASERS welcomes new Assistant Director Jennifer N. Templet***

Jennifer N. Templet has been appointed acting Assistant Director of LASERS.

Jennifer served LASERS previously as Director of Policy & Research. In that position, she supervised the development of the 2006-2007 Operating Budget.

Jennifer graduated from LSU with an MBA specializing in Finance and a Bachelor of Science in Biological Engineering. She has an



extensive knowledge of LASERS and other retirement systems.

Jennifer Templet is a valuable asset to the LASERS Executive Team.

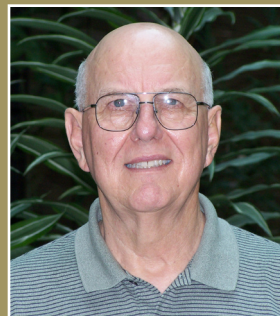
SERS members from their homes.

LASERS responded to the disaster with determination and creativity. We went into overdrive in the weeks following Katrina to ensure that retirees in the affected areas had access to their benefits, even if their financial institutions were under

water. We worked with the Louisiana legislature to craft new laws to assist members in rebuilding their lives.

LASERS looks forward to 2006 with optimism and enthusiasm. We are proud to serve the hard-working men and women of Louisiana state government.

**Adam Landry** is LASERS **Employee of the Quarter** for the third quarter of 2005. Adam is a re-hired retiree in the LASERS Information Technology Division.



Adam is the definition of a great employee. He is dependable and hard working, but his contribution to LASERS goes far beyond those admirable qualities.

Adam inspires everyone he meets with his unfailingly positive attitude toward life and work. No matter what the request, Adam's answer is always "yes."

IT Tech Support manager **Dan Bowden's** work ethic earns him the honor of **Employee of the Fourth Quarter of 2005**. Dan's colleagues praise his leadership as he and his team work to improve the customer service experience for the staff and management of LASERS.



Dan led his team recently in the reconstruction of the LASERS Data Center, installing new hardware equipment and completing a network redesign effort making LASERS one of the best Data Centers within Louisiana state government.



**I**n early February, we became aware that a number of LASERS retirees had not received their benefit checks. We investigated the case and

tions such as this are extremely rare, they do happen. This incident demonstrates the benefits of LASERS **Electronic Funds Transfer** (EFT), also known as direct deposit.

All of the retirees affected by the February disruption were those who still receive

## THE BOARD MEMO

BY CONNIE CARLTON,  
2006 LASERS BOARD CHAIR

determined that the checks went missing due to a postal service glitch. Most of the delayed checks were delivered by February 4. LASERS has reissued checks to replace those that were lost. Although disruption

paper benefit checks through the mail. We strongly encourage all LASERS retirees to begin taking advantage of the benefits of **EFT**.

EFT is the fast, easy way to receive the retirement benefits you have

earned for your years of service to Louisiana. With EFT, your benefits are deposited directly into your checking account every month, like clockwork. You don't need to watch the mailbox or worry about depositing your check in time to pay your bills. With EFT, you'll never need to wonder what happens if your check is stolen, lost or accidentally destroyed.

Tens of thousands of your fellow LASERS members already enjoy the peace of mind and convenience of EFT. It's time you did, too.

If you would like to begin receiving your retirement benefit through

LASERS Electronic Funds Transfer, we're ready to help. We have included an **EFT Application Form** in this issue of the LASERS Beam. Simply tear it off at the perforated edge, fill it out completely and mail it to us.

If you have any questions about EFT, feel free to call us at **1-800-256-3000**. In the Baton Rouge area, the number is **225-922-0600**. A friendly LASERS customer service representative will be available to help you.

Once you begin enjoying the benefits of LASERS Electronic Funds Transfer, you'll wonder how you ever got along without it.

## FAQs ABOUT POST-HURRICANE FURLONGHS, REDUCED HOURS, LEAVE WITHOUT PAY AND PART-TIME EMPLOYMENT

### 1. What happens to my service credit in LASERS if I am classified as part time?

If you are classified as part time, you will receive pro-rated service credit based on your actual earnings received and the full-time rate of pay if you had worked on a full-time basis. You will also receive full-time retirement eligibility credit for the time worked as a part-time employee.

### 2. What happens if I am classified as part time working less

than 20 hours per week? If you are working less than 20 hours per week, you may not participate in LASERS unless you have a minimum of 10 years of service credit. You must work more than 20 hours per week to be eligible for LASERS membership if you do not have the necessary 10 years of service credit.

### 3. What happens to my final average compensation if I work on a part-time basis for the entire year?

If you work on a part-time basis, you will receive pro-rated service

### than 20 hours per week?

If you are working less than 20 hours per week, you may not participate

credit, but will receive the benefit of your full-time salary for the purpose of determining your final average compensation.

### 4. If I have been placed on Leave Without Pay (LWOP), can I purchase service credit for the time spent away from my job?

Yes. You can purchase service credit for LWOP once your leave has ended.

### 5. If I have been furloughed, can I purchase service credit for the time spent away from my job?

Yes. If you have been furloughed, you are entitled to purchase service credit and salary credit for each day of service you spent on furlough once your furlough has ended.



## Louisiana State Employees' Retirement System

P.O. Box 44213, Baton Rouge, LA 70804-4213 • 225-922-0600 • Toll-Free 1-800-256-3000

## Authorization for Direct Deposit

DO NOT FAX FORM

[www.lasersonline.org](http://www.lasersonline.org)

PRINT OR TYPE ALL INFORMATION

Member's First Name	Middle	Last	Today's Date (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check one: <input type="checkbox"/> Monthly Regular Retirement Benefit <input type="checkbox"/> Monthly DROP/IBO Account Payment			Effective date of retirement	Email Address
<input type="text"/>			<input type="text"/>	<input type="text"/>

**IMPORTANT:** Complete the entire form. Follow the specific instructions for each section.

## SECTION 1: PAYEE (COMPLETE ITEMS A THROUGH G BELOW)

I hereby authorize and request the Louisiana State Employees' Retirement System (LASERS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. Upon my death, if payments have been deposited to my account that are not due, I authorize: 1.) LASERS to initiate electronic funds transfer debit transactions to retrieve those payments; and 2.) The financial institution (bank or credit union) to release to LASERS the status of my account, my current mailing address, the names and mailing addresses of any joint account holder, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account. If my death should occur prior to the due date of any payment which is made by LASERS in compliance with this Authorization for Direct Deposit, the below named financial institution shall refund such payments to LASERS. I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on the front and back of this form.

A. Name of Payee		B. Social Security Number	
<input type="text"/>		<input type="text"/>	
C. Mailing Address (number, street or post office box)	D. City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Payee's Area Code and Telephone Number	F. Signature of Payee or Legal Authorized Representative of Payee		G. Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>		<input type="text"/>

## SECTION 2: JOINT PAYEE (COMPLETE ITEMS A THROUGH H BELOW)

I, being a joint signer on the bank account of the above named individual, accept the responsibility of notifying LASERS of the death of the above named Payee, and I agree to accept full responsibility for returning any funds to LASERS which were transmitted by LASERS to the bank account after the death of the Payee. I certify that I have read the provisions on the front and back of this form, and that I fully understand the obligations contained herein and fully accept the same.

A. Name of Payee		B. Social Security Number	
<input type="text"/>		<input type="text"/>	
C. Mailing Address (number, street or post office box)	D. Payee's Area Code and Telephone Number		
<input type="text"/>	<input type="text"/>		<input type="text"/>
E. City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
G. Signature of Payee or Legal Authorized Representative of Payee		H. Date (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>	

## SECTION 3: FINANCIAL INSTITUTION ONLY (COMPLETE ITEMS A THROUGH J BELOW)

In consideration of LASERS making payments in accordance with the foregoing request without requiring the personal endorsement of the Payee, we hereby agree to repay and refund to LASERS on demand, subject to disposition by law, the amount of any funds on deposit at the time of demand that are due LASERS by reason of the death of the Payee. We further agree to accept the certification of LASERS of the death and to return any payments received after death of Payee. Finally, we agree to honor Payee's request that LASERS be permitted access to all information relative to Payee's account with this institution.

A. Name and Complete Address of Financial Institution	B. Type/Number of depositor account to be credited. Type account: enter "C" if checking, "S" if savings. Type <input type="text"/> Depositor account number <input type="text"/>		C. <input type="checkbox"/> Check here if bank is not an Automated Clearing House (ACH) System member.
<input type="text"/>	<input type="text"/>		
D. If Joint Account, Please Verify Name of Joint Signer	E. Date (MM/DD/YYYY)	F. Routing Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
G. Name of Financial Institution Officer	H. Title		
<input type="text"/>	<input type="text"/>		
I. Signature of Financial Institution Officer	J. Area Code and Telephone Number/Extension		
<input type="text"/>	<input type="text"/>		<input type="text"/>

## RETIREMENT SYSTEM USE ONLY

Verified by  
(Retirement Analyst)

Date

INSTRUCTIONS ON REVERSE SIDE

## INSTRUCTIONS

**Type or print (in ink, or indelible pencil) all information requested, with the exception of the legal signature.**

This form authorizes direct deposits into your account and is to be used only for Louisiana State Employees' Retirement System (LASERS) payment. If you wish your monthly benefit payments sent to your financial institution for deposit into your checking or savings account, you must complete this form to authorize the action. The financial institution may be any bank, savings bank, savings and loan association, or similar institution, or federal or state chartered credit union. If you do not have an account in one of these institutions and wish one, contact the financial institution of your choice. Within 60 to 90 days, your payment will begin going to your personal checking or savings account.

Deposits will be made by way of electronic funds transfer (EFT) from LASERS' account to your account, provided your financial institution is a member of the Automated Clearing House (ACH) system. In the event your financial institution is not a member of the ACH System, a paper check will be mailed for deposit to your account. If you wish to have the advantage of the "paperless" electronic deposit, you may wish to establish an account with a financial institution that is a member of the ACH System.

Please note that after LASERS receives your electronic fund transfer (EFT) request, a pre-notice to your financial institution is needed; therefore, you will receive your next monthly benefit in paper check form along with a copy of the pre-notice for your direct deposit as sent to your bank.

### Section 1 - Payee Instructions

**(Complete Items A-G)**

**Item A** - Name of the person to whom the payment is made. This is the retiree, beneficiary, or survivor who is entitled to such payment.

**Item B** - Social Security number of the payee. The Social Security number is used to identify the payee's records and payment.

**Item C - D** - Mailing address of the payee named in Item A. Provide complete address including an apartment number (where appropriate), P.O. Box and the Zip Code. **This address must be kept current with LASERS. Please notify LASERS immediately when the address changes.**

**Item E** - Area code and daytime telephone number of the payee named in Item A or the telephone number of the person who may represent the payee.

**Item F-G** - Sign and date the form. The signature must be that of the person named in Item A. If the payee is unable to sign, then the legal representative of the payee must sign this space. Papers declaring the legal representative must be on file in the office of LASERS.

### Section 2 - Special Notice to Joint Payee

**(Complete Items A-H)**

Joint Payees must immediately advise LASERS and the financial institution of the death of the Payee. Funds deposited after the death of the Payee must be returned to LASERS. LASERS will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments. After the death of the Payee, Joint Account Holders signing this form agree to be personally liable for any payments made to the financial institution, which are not returned to LASERS.

**Item F** - Is the joint payee a spouse, adult child, individual with power of attorney, friend? Be very specific.

**After completing the top half of this form, it should be delivered or sent to the financial institution for completion. After the financial institution completes their portion, the form is to be forwarded to LASERS (P.O. Box 44213 • Baton Rouge, LA 70804-4213).**

### Section 3 - Items A - J To Be Completed ONLY by the Financial Institution

**Item A** - Complete the name and address of the financial institution to which the payment will be sent (bank, savings and loan association, credit union, etc.) and the branch designation.

**Item B** - Identify the type of account and the account number in which this payment is to be deposited. The account may be either a checking ("C") or savings ("S") account. Attach a voided personal check or a blank personalized deposit slip to verify payee's account number if possible.

**Item C** - Indicate if your organization is not a member of the ACH System

**Item D** - Please verify the name of the joint payee, if this is a joint account.

### Payee Cancellation Instructions

This authorization remains in effect **until canceled by written notice** from the payee (or the legal representative, in the event of the death of the payee. You may change the designation of your financial institution by completing and submitting a new authorization form.

### Check Stub/Account Statement

An account statement, similar to a check stub, will be issued only upon establishment of your direct deposit and when a change is made to the gross or net amount payable. You should retain the account statement for future reference. In the event your financial institution is not a member of the ACH System, you will not receive this account statement. A check stub will be attached to the paper check mailed to your financial institution. If you have questions regarding direct deposit, contact LASERS or your financial institution.

#### Mail to:

Louisiana State Employees' Retirement System  
LASERS  
P.O. Box 44213  
Baton Rouge, LA 70804-4213

# ***LASERS preparing 2005 Annual Account Statements and 1099s***

LASERS **2005 Annual Member Account Statements** will be mailed in March. The statements represent all activity, as well as the status of your retirement account, in calendar year 2005.

Your account statement will be mailed directly to your home. A copy of the statement will be sent to your agency.

Federal **1099 tax documents** for LASERS retirees were mailed on January 15, 2006.

If you have not received your 1099, please contact LASERS and we will re-send it. Contact us also if you have any questions about the information contained in your 1099 tax document.

Please ensure that LASERS has your **correct home address** on file. If you have moved since your last statement, please submit a LASERS **Change of Address** form (Form 01-02). You can download the form on the LASERS website at **www.lasersonline.org**. You can fill out the form online, however it cannot be submitted online. Please sign your Change of Address form and mail it to LASERS.

You will need your **Personal Identification Number** (PIN) to view online your 1099 tax document and last year's Annual Member Account Statement.

If you do not have a PIN, getting one is easy. Visit the website page for active or retired employees and click the "Order PIN" link. Follow the instructions and your PIN will be mailed to your home address.

## **LASERS Board of Trustees**

Connie Carlton, 2006 Board Chair - (225) 928-4265

Cynthia Bridges - (225) 219-2700

Virginia Burton - (225) 219-2289

Senator D.A. "Butch" Gautreaux - (985) 380-2433

Honorable John Kennedy, State Treasurer - (225) 342-0010

Barbara McCann - (337) 433-8910

Louis Quinn - (225) 766-3245

Sheryl Ranatza - (225) 655-2031

Representative Pete Schneider - (985) 863-3642

Kathy Singleton - (225) 222-6567

Lorry S. Trotter - (225) 578-2799

Judge Trudy M. White - (225) 389-3025

**Robert L. Borden**

*Executive Director*

**Cindy Rougeou**

*Deputy Director*

**Jennifer N. Templet**

*Assistant Director*

**Robert Beale**

*Chief Investment Officer*

**Byron Henderson**

*Public Information Director*

**Kandi O. Bridges**

*Public Information Officer*

**Michael Meaux**

*Public Information Officer*

**<http://www.lasersonline.org>**

Mailing Address: P O Box 44213

Baton Rouge, LA 70804-4213

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1-800-256-3000; 225-922-0600

TDD: 225-922-0612; PREP: 225-922-0670

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Louisiana State Employees' Retirement System

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